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I. TITLE OF REF	ORT (if a fill-	in report incl	ude Form No.)		2. TYPE	YSTATISTICAL	
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3. FUNCTIONAL AREA X		GISTICS Edical		SECURITY .		OTHER (specify)	
					6. DISTRIBUTION	ON (No. of components not	
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7. FORMAT (memorandum, form 8. ADP PROCESS computer print-out, etc) X YES IF			Semi-Monthly NG 9. DIRECT ES GIVE ADP PROCESSING NO.		IRECTIVE AUTHORI	TIVE AUTHORITY REQUIRING REPORT	
	Print-Out	110	413	NG NO.			
10. PREPARING CO contributing	MPONENT (includ information to	e lowest level report)	II. FEEDER R	EPORTS (State , or nomencial	total number an ure. Attach se	d identify by Title, parate sheet if necessary.)	
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			12. COST F				
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